SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



AUG N S 2016

Refund: Date: Permit #: Amount Paid: ## T 8.20-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO

? Present?	Floodplain Zone?	reet		If yescontinue	Creek or Landward side of Floodplain?
Are Wetlands	ls Property in	reline:	Distance Structure is from Shoreline:	tream (incl. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)
					THE PROPERTY OF THE PROPERTY O
					Section, Township
age	Acreage	Lot Size		Town of:	
	n :	Subdivision:	Lot(s) No. Block(s) No.	CSM Vol & Page	Southwest 1/4, Southwest/4 Gov't Lot Lot(s)
ge(s) 6 1 C	Pag	Volume	04-020-2-47-05-27-1 of we- 2014 Notume 11	020-2-47-0	Legal Description: (Use Tax Statement)
ocument: (i.e. Property Ownership)	Document: (i.e. Pro	Recorded Do	•	PIN: (23 digits)	
Attached Ves No	Attached				
Written Authorization	Written	State/Zip):	Agent Mailing Address (include City/State/Zip):	Agent Phone: Ag	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Plumber Phone:	Plumbe		Plumber:	Contractor Phone: Plu	
25-55 25-55	GS		<u> </u>	CSD CARCE	C.
one:	Cell Ph			City/State/Zip:	5 g. 30 g. 4
	*	上 で を	28870 weedland all aghiland wit syste		
) :enc	Telephone:		City/State/Zip:	Mailing Address:	wner's Name: M
OTHER	□ B.O.A. □	☐ SPECIAL USE		☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE	YPE OF PERMIT REQUESTED> 🗆 LAND USE 🗀 SANIT.
100,000	A-t-s-t-t-t-t-t-t-t-t-t-t-t-t-t-t-t-t-t-		ng Dept.	Bayfield Co. Zonii	scks are made payable to: Bayfield County Zoning Department. Bayfield Co. Zoning Dept. NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

				8000	`		Value at Time of Completion * include donated time & material	Non-Shoreland	☐ Shoreland —	
	Property	□ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	Addition/Alteration	□ New Construction	Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. mermittent) Creek or Landward side of Floodplain? If ves—continue →
	Foundation	□ No Basement	☐ Basement	☐ 2-Story	□ 1-Story + Loft	1-Story	# of Stories and/or basement		1 1000 feet of Lake, Pond If ye	م 300 feet of River, Strea المجابعة Af Floodplain
					Year Round	☐ Seasonal	Use		Pond or Flowage If yescontinue	Stream (incl. Intermittent)
		None		⊔ ຜ	□ 2	□ 1	# of bedrooms	-	Distance Stru	Distance Struc
None	☐ Compost Toilet	□ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type: Control	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline :	Distance Structure is from Shoreline : feet
		ntract)	ulted (min 200 gallon)	cify Type: OchVeulid	ify Type:		pe of ry System operty?		□ Yes	Is Property in floodplain Zone?
	1	1			Wwell	City	Water		□ Yes	Are Wetlands Present?

Existing Structure: (if permit being applied for is relevant to it)	ut bein	g applied for is relevant to it) Length:	width:		Height:	
Proposed Construction:			Width:	\$. \$6	Height:	104
Proposed Use	۷.	Proposed Structure			Dimensions	Square Footage
		Principal Structure (first structure on property)			X	
		Residence (i.e. cabin, hunting shack, etc.)		_	×	
Rec'd for Issuance	ά	with Loft			×	
Residential Use		with a Porch			×	
		with (2 nd) Porch			×	
		with a Deck		_	×	
Secretarial Staff		with (2 nd) Deck			×	
☐ Commercial Use		with Attached Garage		_	×	Tan DANAGE CONTRACTOR
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	& food prep facil	ities) (×	
		Mobile Home (manufactured date)			×	
	S	Addition/Alteration (specify)			& × 700)	200
Municipal Use		Accessory Building (specify)	A A STATE OF THE S		×	
-		Accessory Building Addition/Alteration (specify)			×	
			L. W.			
-		Special Use: (explain)			×	
		Conditional Use: (explain)	The second secon		×	
		Other: (explain)	1177000000		×	

	Ρ	O #	킖믴	ē .
	(If there are Malitple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application). Authorized Agent:	above described property at any passonable impact the purpose of inspection. Owner(s):	₩ ¥	<u>á</u>
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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	¥	\$' / I I		ğ
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	Date	Date	am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit, may be a result of Bayfield County relygiest, this information I (we) am (are) providing and that will be relied upon by Bayfield County relygiest, this information I (we) am (are) providing a part of this application. I (we) consent to county officials charged with administering count	8
	i. I	ľ	Jage I	n ple
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-		8-28-16	am (are) responsible for the detail and accuracy of all information I (we) am Jare) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am Jares providing and that this application. I (we) consent to county officials charged with administering county ordinances to have access to the	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES [(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we)
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Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Address to send permit

Signature of Inspector: A.A.A.Hold For Sanitary:	3 2	ection Record: 92	Illy Created Delineated	Granted by Variance (B.O.A.) ☐ Yes (No Case #:	Lot Yes	e in	(9) Stake or Mark Proposec NOTICE: All Land For The Construction Of No	other previously surveyed corner or marked by a licensed surve Prior to the placement or construction of a structure more that othe praviously surveyed corner to the other previously surveyed imarked by a licensed surveyor at the owner's expense.	Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the	Setback from the East Lot Line Setback to Septic Tank or Holding Tank	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line	Setback from the Established Right-of-Way	Perhaps from the Contesting of Platted Board	(8) Setbacks: (measured to the closest point)		40	1		(1) Show Location of: (2) Show Location of (*): (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
A: Hold For Affidavit:	Tyes So	Shirt	XYes No No No No No No No N		(Deed of Record) PNO (Fused/Contiguous Lot(s)) PNO	Sanitary Number's Reason for Denial:	Use Permits Expire One (1) Year frew One & Two Family Dwelling: A he local Town, Village, City, State	eyor at the owner's expense. In ten (10) feet but less than thirty (30) feet from the commer, or verifiable by the Department by	Minimum required se		//00 Feet 200 Feet 200 Feet	\$ J.C.	720	555 77			760		below <u>Draw or Sketch your Property</u> (fregardless of what you are applying for) (1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Driveway and (*) Frontage Road (Name Frontage Show: (5) Show: (6) Show: (7) Show any (*): (8) Lake; (*) River; (*) Stream/Creek; or (*) Pond (8) Show any (*): (8) Lake; (*) River; (*) Stream/Creek; or (*) Pond (9) Show any (*): (8) Wetlands; or (*) Slopes over 20%
fidavit: Hold For Fees:	(IF <u>No</u> they need to be attached.)		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) Gres Voo	Mitigation Required ☐ Yes Zino Mitigation Attached ☐ Yes Zino	1416 # of bedrooms:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	rveyed corner or marked by a licensed surveyor at the owner's expense. ent or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the enter or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the eyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of discrete from the owner's expense.	he bound		Setback from Wetland 20% Slope Area on property	Setback from the River, Stream, Creek Setback from the Bank or Bluff		Changes in plans must be a	X		DF TOO TO TO THE PARTY OF THE P	S S S S S S S S S S S S S S S S S S S	ge Ro
Date of approval 2/6	Date of Re-inspection:	Zoning District (A)) Lakes Classification ()	er 🗆 Yes 💮 🕏 🌣 🕩 🌣	35E ##	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☑ No	Sanitary Date: 5/68/73	ank (HT), Privy (P), and Well (W). Is not begun. Iform Dwelling Code.	e setback must be measured must be v the proposed site of the structure, or r	urveyed corner		N A Feet □ Yes ⊠ No	WM Feet	wieasuremenn	Changes in plans must be approved by the Planning & Zoning Dept.					nd/or (*) Privy (P)